

CDC in Papua New Guinea



Staff

CDC office (physical presence)

1 U.S. Direct Hire

1 Locally Employed



At a Glance

Population: 7,034,000

Per capita income: \$2,260

Life expectancy at birth
women/men: 64/60 yrs

Infant mortality rate:
58/1000 live births

Source: Population Reference Bureau Fact Sheet, 2011

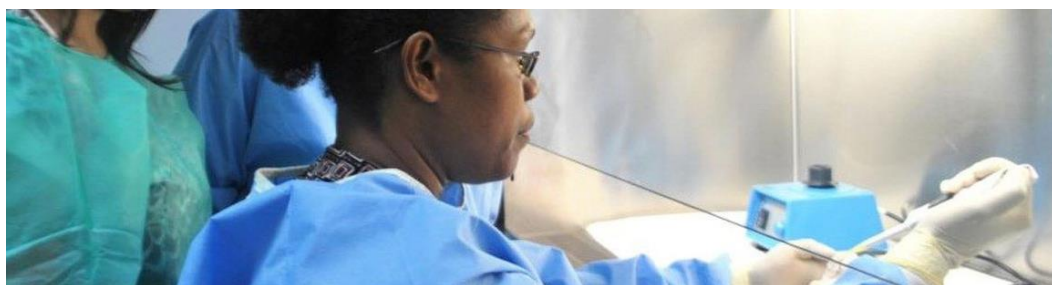


Top 10 Causes of Death

1. Lower-respiratory infection 17%
2. Cancer 11%
3. Diabetes 7%
4. Tuberculosis 4%
5. Ischemic Heart Disease 4%
6. Chronic Kidney Disease 3%
7. Malaria 3%
8. Stroke 3%
9. Diarrheal Diseases 3%
10. HIV 2%

Source: GBD Compare
(<http://viz.healthmetricsandevaluation.org/gbd-compare/>), 2010

Papua New Guinea (PNG) has the largest HIV epidemic in the Pacific Region. Since 2007, the **Center for Global Health and Prevention (CDC)** and the World Health Organization (WHO) have been partnering with the Government of PNG to expand and enhance the national HIV/AIDS program. The CDC approach to technical assistance in PNG emphasizes collaboration with national stakeholders, in-country partners (such as WHO), and other U.S. agencies (such as the U.S. Agency for International Development and the Department of Defense), and, where necessary, complementing this expertise with skills and experience from abroad to help implement the National HIV/AIDS Strategy and build a stronger national health system.



Monitoring the HIV Epidemic in PNG

Technical assistance from CDC and its partners has improved national systems for HIV surveillance and data use in PNG. Epidemiological and technological experts have worked with the National Department of Health to implement a computerized, integrated national HIV surveillance and monitoring and evaluation (M&E) system, making it possible to store and use national, provincial, and facility-level data in real time. New approaches for monitoring service quality and quality improvement have been developed and national surveillance staff have benefited from extensive epidemiological training. Innovative techniques have been put into practice, such as new sampling methods for key populations and the use of personal digital assistant (PDA) technology for data collection. These techniques are expected to reveal information about the drivers of the epidemic and the dynamics of HIV transmission in PNG that can help inform the design, implementation, and evaluation of a more effective national response.

Testing and Counseling More People with HIV

With help from donors and partners, including CDC, PNG is expanding its network of HIV counseling and testing facilities. Despite this, many people are still not being tested, spurring the country to look for ways to reach more clients and find more cases of HIV. CDC assistance is building national capacity for provider-initiated counseling and testing, a new approach that has increased the number of persons tested for HIV. CDC experts are also helping to develop and roll-out a national HIV rapid testing and counseling algorithm, to increase the number of people who receive their test results.

Assuring High-Quality HIV Diagnosis

The rapid scale-up of HIV testing in PNG was challenging for laboratories, many of which lacked sufficient personnel, standardized procedures, and the means to effectively transport samples and collect results. These risks to high quality testing were compounded by the lack of a national external quality assurance (EQA) program to validate test results and identify laboratories that were not testing properly and needed greater support. Since 2007, experts from CDC and Thailand's Ministry of Public Health have worked closely with partners to fill many of these gaps; examples include helping to finalize HIV testing and laboratory guidelines, training laboratory technicians, refurbishing the National Department of Health's Central Public Health Laboratory, developing guidelines and protocols for quality management, and introducing more efficient and cost-effective approaches to EQA.

Improving the Quality of HIV Care and Treatment

The recent surge in patients on antiretroviral therapy (ART) in PNG, from approximately 23% of people needing ART in 2007 to 75% in 2009, made it difficult to ensure consistently high-quality HIV care and treatment. CDC is collaborating with WHO to introduce an innovative quality improvement and performance monitoring system, HIVQUAL-PNG, that will make it possible for HIV staff in PNG to cultivate and sustain high quality services for both adults and children with HIV.

Preventing Mother-to-Child Transmission

CDC makes women's and girl's health a priority in PNG. The number of facilities offering services in PNG to prevent mother-to-child HIV transmission (PMTCT) has increased significantly since being introduced in 2004. While promising, most pregnant women requiring PMTCT services are still not receiving them. In addition to strengthening the quality of counseling and testing at PMTCT sites, CDC is working with national experts to better monitor and evaluate the PMTCT program, shedding light on the challenges faced by pregnant women with HIV and informing partner plans to overcome those challenges.

Blood Safety

CDC is supporting blood safety in PNG by working with partners to increase the number of blood donors; build the capacity of laboratories to screen donated blood for diseases and other infectious agents; ensure rigorous monitoring and improvement of national blood transfusion services and centers; and provide training and advocacy for rational, safe donation and use of blood and blood products.

Impact in Papua New Guinea

- National external quality assurance (EQA) system for HIV testing is saving lives and reducing costs.
- Five regional hospitals are using HIVQUAL-PNG to improve the quality of care and treatment for people living with HIV.
- A database-driven national HIV surveillance and M&E system was developed and is now used by PNG epidemiologists.
- Hundreds of health workers have been trained to deliver improved HIV services, such as pediatric care.

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For more country information: <http://www.cdc.gov/globalhealth/countries/papua-new-guinea>

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